

## CLIENT CHECKLIST (for your 2023 tax return)

*(Get the latest version of this checklist from my website as a printable document or one you can edit)*

- Write your answers on this form or use another sheet if needed and number the items as below.
- Please DO NOT send in your receipts for charities, medical expenses, etc. Keep original receipts in your records, I just need the totals.

YOUR NAME: \_\_\_\_\_ SPOUSE NAME (if applicable): \_\_\_\_\_

#	Write SAME if same as last year or N/A if not applicable																																								
1	<b>NEW CLIENTS:</b> Provide a copy of your Social Security card and Driver's License																																								
2	What was your FILING STATUS on Dec 31, 2023 (circle one):  Single   Married   Divorced   Separated																																								
3	Your Occupation: _____ Spouse Occupation: _____																																								
4	CURRENT ADDRESS (If you moved in 2023 please provide date of move and your previous address):  Date of Move: _____ Previous Address: _____																																								
5	DRIVERS LICENSE: Please fill in the information below, or provide a copy of drivers license(s): <table style="width: 100%;"><tr><td style="width: 50%; text-align: center;">YOU</td><td style="width: 50%; text-align: center;">SPOUSE:</td></tr><tr><td>License Number: _____</td><td>_____</td></tr><tr><td>State of Issue: _____</td><td>_____</td></tr><tr><td>Issue Date:     ___/___/___</td><td>___/___/___</td></tr><tr><td>Expiration Date: ___/___/___</td><td>___/___/___</td></tr></table>	YOU	SPOUSE:	License Number: _____	_____	State of Issue: _____	_____	Issue Date:     ___/___/___	___/___/___	Expiration Date: ___/___/___	___/___/___																														
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6	PHONE NUMBERS:  YOU:(____)____-____ SPOUSE:(____)____-____ HOME:(____)____-____																																								
7	YOUR EMAIL: <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> SPOUSE EMAIL <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
8	CHANGES FROM PREVIOUS TAX RETURN Please provide details for any changes from your previous tax return; use another sheet if needed. <i>(if you are a new client a copy of your previous year tax return would be helpful)</i>																																								

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9	<p>DEPENDENTS: Will you declare any dependents for 2023? ( YES / NO )  IF YES, answer below; IF NO skip to item 10</p> <p>Are you claiming the same dependents as last year? ( YES / NO )  IF ANY CHANGES TO YOUR DEPENDENTS from previous year please complete below:</p> <p>Which dependents are you dropping (not claiming) for 2023? List names below to remove for 2023:</p> <p>Are you adding any new dependents for 2023? List names of dependents to add for 2023:</p> <p>If this is the first time this dependent was declared (in my tax system) please provide:  (1) Copy of dependent's Social Security card  (2) Dependent's date of birth  (3) Relationship: Son, Daughter, Foster child, etc.</p>
10	<p>SALES TAX DUE: If you made purchases that were not taxed by your resident state, a use tax may be due. Enter the amount to be taxed by your resident state. Circle NONE or enter amount:</p> <p>NONE --OR-- enter amount here that is to be taxed by your resident state: \$ _____</p>
11	<p>VIRTUAL CURRENCY: At any time during 2023 did you receive, sell, exchange, dispose of or convert to cash any virtual currency (eg., Bitcoin) ?  YOU: YES / NO ; SPOUSE: YES / NO  If YES provide the tax reporting document showing total gain or loss.</p>
12	<p>CHARITABLE DONATIONS: DO NOT send receipts of your charitable donations, just the totals of monies or materials donated; keep the receipts for your records.  DONATIONS OF MONEY \$ _____ , VALUE OF DONATED ITEMS \$ _____</p>
13	<p>TOTAL OF MEDICAL EXPENSES YOU: \$ _____ SPOUSE: \$ _____  FOR ABOVE: Do not include expenses paid with HSA/FSA or pre-tax dollars)  MEDICAL INSURANCE PREMIUMS PAID: YOU: \$ _____ SPOUSE: \$ _____</p>
14	<p>HSA: If you have an HSA provide Forms 1099-SA &amp; 5498-SA for you and/or spouse and answer below:  1. Is the HSA for family or individual? Your HSA: _____ Spouse HSA: _____  2. Were all withdrawals used for medical, dental or vision expense ( YES / NO )</p>
15	<p>DIRECT DEPOSIT: Bank for direct deposit of refunds:</p> <p>1. Name of Bank: _____</p> <p>2. Type of Account : Circle one → CHECKING or SAVINGS</p> <p>3. Bank routing number _____</p> <p>4. Your account number _____</p>